

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>E.H.</i>	<i>10</i>	<i>11-27-01</i>
O.I.P.E. CLASSIFIER		<i>11/21</i>	<i>11/30</i>
FORMALITY REVIEW	<i>K.D.</i>		<i>12-4-01</i>
RESPONSE FORMALITY REVIEW	<i>H.L.</i>	<i>1079</i>	<i>04/01/02</i>

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
= ..... Allowed      I ..... Interference  
- (Through numeral)..... Canceled      A ..... Appeal  
+ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	✓
2	✓	✓	✓
3	✓	✓	✓
4	✓	✓	✓
5	✓	✓	✓
6	✓	✓	✓
7	✓	✓	✓
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If more than 150 claims or 10 actions  
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5C 553 NL 12/14/01